MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

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Paimary Registration District No. Registrar's No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE **b.. COUNTY** VS 300 admission) AMENDED Mo. Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits town St. Louis TOWN St. Louis Yes 🗑 No 🔲 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR **ADDRESS** INSTITUTION Hospital 1475 City Yes 🔁 No 🗍 Peabody Ct. Yes 🔲 No 🕞 0 NAME OF DECEASED TO First (Type or print) Middle Last - Propositions -DATE Month OF Marv DEATH Ruth Frick 5/18/63 COLORIOR RACES 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 8. DATE OF BIRTH 5. SEX 7. Married X Never Married 17 Months Days Hours Widowed □ Divorced yrs. Female White 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Housewife St. Louis. Mo. Home 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE FOLIC 0 Joseph Henry Frick Harvey Gray Irene Harrington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ş (Yes, no, or unknown) [(If yes, give war or dates of ser 1475 Peabody 9 Joseph Frick Ct. No 虿 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMEN ONSET AND DEATH 10 Š Conditions, if any, NST which gave rise to above cause (a), stating the under-13 DUE TO (c) 🚣 lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased WAS disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Yes □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 20a. ACCIDENT 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hour Month, Day, RIBBON INJURY a.m. p.m. BLACK INK ZOe. PLACE OF INJURY (e.g., in or about home, farm, factory, syseet, office bldg., etc.) STATE COUNTY 20d, INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK IT *IYPEWRITER* and last saw her alive on. 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD occurred a 22c. DATE SIGNED 22b: ADDRESS (Degree or title) Ö 22d. SIGNATURE AFFIDAVIT 23d. LOCATION (City, fown, or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23. BURAL, CREMATION, REMOVAL (Specify) Š. St. Louis. Mo. Calvary. *B*urial 25. DATE RECD. BY LOCAL REG. 26. REGISTRARIS SIGNATURE ₹ 24. FUNERAL DIRECTOR

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I hereb	y certify that the body whose n	ime is recorded on the reverse side of this certificate was embal	med by me,
or by	 	, Student Embalmer No	
working under	my personal supervision.	ON IS	1 1
Student		Signed Navely //	yron
	Signature of Student Embalmer	the same of the same of	100
	•	Licensed Embalmer No.	776
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.